trends.

Conclusion: The results confirmed that Ebonyi State is highly endemic for urinary schistosomiasis

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Prevalence of urinary schistosomiasis and bacteriuria co-infection among school age children (5-15years) in Amagunze, southeastern Nigeria, 2011

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Background: Amagunze is a rice producing community in southeastern Nigeria known for high prevalence of urinary schistosomiasis (79% according to a study in 1989). Recently studies have implicated co-infection with bacteriuria in the aetiology of bladder cancer. Unfortunately knowledge about co-infection of bacteriuria and urinary schistosomiasis in this age group(5-15years) who are mostly at risk is not available. We investigated the current prevalence of urinary schistosomiasis and co-infection with bacteriuria in this community

Methods: A cross-sectional survey in which 3 primary schools(A, B and C) were randomly selected from 15 in Amagunze. Four classes were randomly selected from each school and the whole class enrolled in the study. Altogether 309 pupils were enrolled. About 20mls of urine samples were collected by subjects themselves between 10:00am and 3:00pm.Each sample collected was divided into 2(X & Y fractions). Urinalysis and microscopy were conducted with fraction X for *ova a*nd intensity while Y was cultured for bacteriuria. Significant bacteriuria was defined as 2 or more consecutive urine cultures showing >105CFU/ml. Intensity was categorized as light(<50 ova/10mls of urine) or heavy(>50 ova/10mls of urine). Ethical approvals were got from relevant authorities. Consent of parents and pupils was obtained. Questionnaire was administered on pupils for data on socio-economic and risk factors.

Results: Of 309 pupils tested, 133(43.04%) had urinary schistosomiasis (CI = 37.6%-48.6%). Sex-specific prevalence was males73/151, females60/158(X2 = 3.4, 1df). Infection rates in the 3 schools (A, B, C) were 68/103, 37/101 and 28/105 respectively(X2 = 35.4, 2df). Bacteriuria co-infection rate was 24/133(18%)(CI = 12.2-25.3%). Heavy infection was 76.7%. Of 133infected pupils 85% admitted swimming in open water.

Conclusion: There was high prevalence of both urinary schistosomiasis and bacteriuria co-infection. This may lead to increased cases of bladder cancer if co-treatment is offered to cases.

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A Comparison of different regimens of meglumine antimoniate in the treatment of visceral leishmaniasis, Southern Iran

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Background: Visceral leishmaniasis (VL) or Kala-azar, a life-threatening parasitic infection, is the most frequent among the rural population and nomads in Northwest and southern Iran. Antimony (meglumine antimoniate) has been the therapeutic cornerstone which has been used in different regimens. This study was conducted to evaluate the different regimens ofmeglumine antimoniate (Glucantime) in VL patients, Southern Iran.

Methods: In a retrospective cohort study, clinical response defined as defervescence was evaluated among patients who received different doses of Glucantime; the rate of relapse in patients treated with two different duration of Glucantime treatment was compared, too. The hospital charts of the all VL patients admitted in Namazi Hospital, a tertiary referral hospital affiliated to Shiraz University of Medical Sciences, from 1997-2006 reviewed and data collected in a questionnaire.

Results: The mean age was 24.5 mo. The initial antileismanial regimen was Glucantime in 258 (85.5%) patients and amphotericin B in 44 (15.5%) patients. The mean day of defervesce after starting treatment was 3.7 days in 174 patients who received 7-10 mg of Glucantime per kg of body weight per day (low-dose), 2.8 in 24 patients treated with 12-18 mg/kg/day and 4.2 days in 60 patients treated with 20 mg/kg/day or more (P = 0.51).

Duration of Glucantime treatment was determined in 109 patients. The majority, 61 patients (56%), was treated for more than 3 weeks (standard conventional regimen) and in 48 patients (44%), Glucantime was continued for seven days after defervescence (short-course regimen). Relapse was detected in 4 (8.3%) patients treated with short-course regimen and in 3 (4.9%) patients treated with standard course (P = 0.49).

Conclusion: In southern Iran, clinical response to low-dose Glucantime regimen seems to be the same as the regimens with higher doses and the rate of relapse in patients who treated with Glucantime in a short course was comparable with standard-course regimen.

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